

REPORT COVERING:

- ☐ JANUARY 1 through JUNE 30, _____ - DUE BY AUGUST 15
- ☒ JANUARY 1 through DECEMBER 31, _____ - DUE BY FEBRUARY 15

FOR OFFICE USE ONLY
Postmark Date: _____

2050082

1. Name: DREHAN VALUE MANAGEMENT LLC
Last First MI2. Business Address: 10 EXCHANGE PLALE, SUITE 2150, JERSEY CITY, NJ
Street and No. City State Zip 07302Mailing Address: SAME AS ABOVE3. Business Phone: 201-793-2005
Area Code and Telephone Number

4. Employer: _____

5. Employer's address: _____
Street and No. City State Zip

6. Did you make an expenditure exceeding \$50 on one occasion for a retirement system official:

From January 1 through June 30? Yes ☐ No ☒

From July 1 through December 31? Yes ☐ No ☒ NA ☐

If the answer to either question in Number 6 above is YES, complete Schedule A and attach.

7. Did you make expenditures exceeding the sum of \$250 for a retirement system official:

From January 1 through June 30? Yes ☐ No ☒

From July 1 through December 31? Yes ☐ No ☒ NA ☐

If the answer to either question in Number 7 above is YES, complete Schedule A and attach.

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ETHICS ADMINISTRATION
CAMPAIGN FINANCE
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8. PROVIDE BELOW (a) the name of the state or statewide public retirement system; (b) the aggregate total of all expenditures attributable to the retirement system made during the January 1 - June 30 reporting period; (c) the aggregate total of all expenditures attributable to the retirement system made during the July 1 - December 31 reporting period when applicable; (d) the aggregate total of all expenditures made in a calendar year attributable to the retirement system.

1) a. Name of Retirement System: DISTRICT ATTORNEYS' RETIREMENT SYSTEM

b. Total of all expenditures made January 1 through June 30: \$ 0

c. Total of all expenditures made July 1 through December 31: \$ 0
(When applicable)

d. Total of all expenditures made during the calendar year: \$ 0

2) a. Name of Retirement System: _____

b. Total of all expenditures made January 1 through June 30: \$ _____

c. Total of all expenditures made July 1 through December 31: \$ _____
(When applicable)

d. Total of all expenditures made during the calendar year: \$ _____

3) a. Name of Retirement System: _____

b. Total of all expenditures made January 1 through June 30: \$ _____

c. Total of all expenditures made July 1 through December 31: \$ _____
(When applicable)

d. Total of all expenditures made during the calendar year: \$ _____

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; that all reportable expenditures have been included herein; and that no information required by LSA-R.S. 42:1114.2 has been deliberately omitted.

Lloyd J. J.
Signature of Filer

1. OFFICIAL'S NAME

2. NAME OF RETIREMENT
SYSTEM

3. AMOUNT OF
EXPENDITURES MADE
ON AN OFFICIAL FOR
WHOM YOU EITHER
SPENT OVER \$50 ON
ONE OCCASION OR
MADE EXPENDITURES
EXCEEDING \$250
BETWEEN JANUARY 1
AND JUNE 30

4. AMOUNT OF
EXPENDITURES MADE
ON AN OFFICIAL FOR
WHOM YOU EITHER
SPENT OVER \$50 ON
ONE OCCASION OR
MADE EXPENDITURES
EXCEEDING \$250
BETWEEN JULY 1 AND
DECEMBER 31

5. TOTAL OF
COLUMNS 3 AND 4